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Certified Copies	_ Certificates of	Status	
Special Instructions to	Filing Officer:		
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March 17, 2023

GENNIER PEREZ GONZALEZ 931 MACR STREET WEST PALM BEACH, FL 33405 US

SUBJECT: TRIPLE G HANDYMAN SERVICES

Ref. Number: W23000036554

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 623A00006198

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COVER LETTER

Division of C			
SUBJECT: Tric	le G Han (Name of Res	sulting Florida Limited Cor	npany)
			nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Qunnier)	Contact Person) (Firm/Company)		
931 macy	· st		
Obsmary	(Address) City, State and Zip Code) Perez 9 4a1 used for future annual re	200. Comport notifications)	
For further information	on concerning this ma	ter, please call:	
Odismay (Name of Conta	Orzuaga ht Person)	at (<u>561</u>) <u>4</u> (Area Code) (Day	U3 - 6659 time Telephone Number)
	or the following amou a bank located in the l	· · · · · · · · · · · · · · · · · · ·	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	ess:	Street	Address:

New Filing Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Triple (7 Hand man Secures in C) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Triple (b Haydman Services C (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 04/3/023 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights, the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 03 day of 0 PRIL	20 <u></u> 23
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Ounier Peter	Title: Owner
Signature(s) on behalf of Other Business Entity:	
Signature: X Printed Name: X Quantier Petez	TH 0111000
()	
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
triple 6 Handy man Services Lic (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
931 macy st Wast Palm beach Fl Upst Palm beach 17,33405
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Gennier Pers
Name
Florida street address (P.O. Box NOT acceptable)
Wast Palm beach FL 33405 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agenus Signature (REQUIRED)
(CONTINUED)

A	D	TI	C	F	IV-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Gennier Peroz
	Wast Polm beach FL 33465
	
	
(Use attachment if necessary)	2: 54
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
X GR	
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
annier Perez	
Ј Туј	ped or printed name of signee Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)